

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

26196

FILED AUG 8 1941

Registration District No. 789

Primary Registration District No. 117

Registrar's No. 1405

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
751 E. Jackson Webster Groves, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 19 years (years, months or days)

3. (a) PRINT

FULL NAME Henry T. Michel

3. (b) If veteran,

name war No

3. (c) Social Security

No. None

4. Sex

Male ( )

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Minnie Michel

6. (c) Age of husband or wife if

alive 63 years

7. Birth date of deceased

September 5 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>27</u>	hr. min.

9. Birthplace

St. Louis ( ) Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

Machinist (Unemployed)

11. Industry or business

Unemployed

MOTHER FATHER

12. Name Anton Michel

13. Birthplace Unknown

Germany  
(State or foreign country)

14. Maiden name Minnie Kreuger

15. Birthplace Unknown

Germany  
(State or foreign country)

16. (a) Informant Minnie Michel

(b) Address 751 E. Jackson Webster Groves

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof July 5 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Johns Cemetery

18. (a) Signature of funeral director Clayton & Sons

(b) Address 3734 N. 204 St. St. Louis, Mo.

19. (a) JUL 3 1941

(Date received local registrar) (b) R. M. Meyer  
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Webster Groves 7  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 751 E. Jackson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Nil 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2

year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 30, 41

to July 2, 41

that I last saw him alive on July 2, 41

and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

4-30-41

7-2-41

Due to Arterial sclerosis

4 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Arthur W. Whistler (M. D. or other) 0

Address Wabash & Jones St. Date signed 7-2-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

82 490-14-5758

*En. Westrop*  
*201 E. Big Bend Rd*

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**